

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof. (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

- ☐ Certified copy is hereby furnished.
☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B. & P. C. for this reason _____

Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☒ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent _____

Date _____

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN					
BUILDING ADDRESS <u>1134 S DUNCAN AVE</u>					
CITY <u>LOS ANGELES</u> ZIP <u>90012</u>					
SIZE OF LOT <u>404/35</u>		NO. OF BLDGS. NOW ON LOT _____			
TRACT _____	BLOCK _____	LOT NO. _____			
OWNER <u>GREG GUILLER</u>		TEL. NO. <u>267-0099</u>			
ADDRESS <u>1134 S DUNCAN AVE</u>					
CITY <u>LOS ANGELES</u> ZIP <u>90012</u>					
ARCHITECT OR ENGINEER _____		TEL. NO. _____			
ADDRESS _____					
CONTRACTOR <u>OWNER</u>		TEL. NO. _____			
ADDRESS _____					
CITY _____					
SQ. FT. SIZE _____	NO. OF STORIES _____	NO. OF FAMILIES _____	CHECK ONE		
DESCRIPTION OF WORK <u>NEW GARAGE</u>			NEW <input type="checkbox"/>		
			ADD <input type="checkbox"/>		
			ALTER <input type="checkbox"/>		
			REPAIR <input type="checkbox"/>		
			DEMOL <input checked="" type="checkbox"/>		
USE OF EXISTING BLDG. _____					
APPLICANT (PRINT) _____			TEL. NO. _____		
ADDRESS _____					
PRESENT BUILDING ADDRESS _____					
LOCALITY _____					
MOVING CONTRACTOR _____			TEL. NO. _____		
ADDRESS _____					
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE	EXIST. WIDTH	
FRONT P.L.					
SIDE P.L.					
P.C. Fee \$ _____			Permit Fee <u>12.00</u>		
			Issuance Fee <u>11.00</u>		
Investigation Fee _____			Total Fee <u>23.00</u>		
BUILDING ADDRESS <u>1134 S. Duncan Ave</u>					
LOCALITY <u>E. D. A. Olympic</u>					
NEAREST CROSS ST. _____		ASSESSOR MAP BOOK _____ PAGE _____ PARCEL _____			
USE ZONE <u>R-</u>		MAP NO. <u>117 233</u>			
SPECIAL CONDITIONS _____					
DISTRICT <u>6.0</u>	GROUP _____	TYPE CONST. _____	FIRE ZONE <u>III</u>	PROCESSED BY _____	
STATISTICAL CLASSIFICATION _____				APT. _____	CONDO. _____
CLASS NO. <u>24</u>				DWELL. UNITS _____	
SEWER MAP _____					
BK. _____ PG. _____					
VALUATION					
\$ <u>400.00</u>					
\$ _____					
FINAL DATE <u>3/31/87</u>					
FINAL By <u>PHH</u>					
LDMA Ref. # _____					
LDMA P/C # _____					
LDMA Perm. # _____					

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

VALIDATION

81374A

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1002250

00022502

0017-07

